

ATTACHMENT D

State of California – Department of Justice

CERTIFICATE APPLICATION – RESERVE PEACE OFFICER

POST 2-256 (40/08 Rev 10/2010) – [See Instructions](#)

Commission on
Peace Officer Standards and Training (POST)
1601 Alhambra Blvd
Sacramento, CA 95816-7083

POST USE ONLY

INFORMATION PRIVACY ACT: Pursuant to the Federal Privacy Act (Public Law 93-579) and the Information Practices Act (IPA) of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information. Failure to provide any part of the requested information may delay processing of this application or result in an incomplete record. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual for whom personal information is collected has the right to inspect that information in any record maintained by POST. Inquiries may be directed to the POST Information Practices Act Coordinator at the address listed above. ~~Contact the POST Information Services Bureau for instructions on requesting records.~~

SECTION 1. IDENTIFICATION AND CURRENT EMPLOYMENT

1. APPLICANT NAME (LAST, FIRST, MIDDLE)	2. BIRTH DATE	3. POST ID 4. SSN MAY ALSO BE PROVIDED (OR SOCIAL SECURITY NUMBER)
		SSN:
54. CURRENT LAW ENFORCEMENT EMPLOYING AGENCY	65. RANK/LEVEL 7. AND DATE APPOINTED	
	Date:	

SECTION 2. TRAINING

NOTE: All training and education statements **MUST** be supported by **NON-RETURNABLE** copies of transcripts, degrees, diplomas, or other verifying documents. *These documents/copies must be included with this application.*

86. TITLE OF BASIC TRAINING COURSE	87. ACADEMY / SCHOOL WHERE TRAINING WAS COMPLETED	408. HRS COMPLETED	449. DATE COMPLETED
1)			
2)			
3)			
4)			
5)			
6)			

SECTION 3. ATTESTATION

4210. APPLICANT SIGNATURE	4311. DEPARTMENT/AGENCY COORDINATOR	
<p>I attest that I have been appointed as a Level I reserve peace officer, and that I have read and subscribe to the Law Enforcement Code of Ethics and – I swear under penalty of perjury that all of the information contained herein in this application is true and correct.</p>	Print Full Name:	
	Phone: ()	Fax: ()
	Email:	
<p>► Date:</p>		
4412. DEPARTMENT HEAD / AUTHORIZED DESIGNEE SIGNATURE		

Recommendation to Award Certificate: The above applicant has ~~been appointed as a Level I Reserve Peace Officer in compliance with the minimum standards set forth~~ satisfactorily completed the training and service required for this certificate in POST Regulation 4002-9070(I). I further attest that the applicant has completed the agency's POST-approved Field Training Program (400 hours minimum) and no less than 200 additional hours of satisfactory peace officer service while assigned to the prevention and detection of crime and the general enforcement of the criminal laws of this state. In my opinion, the applicant is of good moral character and worthy of the award, based upon personal knowledge. Personnel and training records of this jurisdiction/agency substantiate my recommendation.

► Date: Print Name:

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TYPE	CERT NUMBER	ISSUE DATE	TRAINING FACILITY	EVALUATED BY	REVIEWED BY
R					

Comments:

CERTIFICATE APPLICATION – RESERVE PEACE OFFICER

SECTION 1: IDENTIFICATION AND CURRENT EMPLOYMENTBox 1 *Applicant Name*Box 2 *Birth Date*Box 3 *POST ID (or Social Security Number)* – Enter your POST identification code. This unique identifier will be used solely for processing POST records. (You may enter your SSN if you do not have a POST ID.)~~Box 4 *SSN MAY ALSO BE PROVIDED* – You may also enter your Social Security number for identification. This information will remain confidential and be used solely for processing POST records.~~Box ~~5~~4 ~~*Current Law Enforcement*~~ *Employing Agency* – Enter the full name of the agency where the applicant is currently appointed as a Level I Reserve Peace Officer.Box ~~6~~5 *Rank Level* – and Date Appointed~~Box 7 *Date Appointed*~~

SECTION 2: TRAININGBox ~~8~~6 *Title of Basic Training Course* – Enter the title(s) of the basic training courses completed by the applicant. Enter **"BCW"** if the applicant met the basic training requirement through the Basic Course Waiver process.Box ~~9~~7 *Academy / School Where Training Was Completed* – Enter the full name(s) of the training facility(s) where the applicant completed basic training, if applicable.Box ~~10~~8 *Hrs Completed* – Enter the total number of hours of basic training **completed** by the applicant.Box ~~11~~9 *Date Completed* – Enter the actual date the applicant completed basic training.

SECTION 3: ATTESTATIONBox ~~12~~10 *Applicant Signature*Box ~~13~~11 *Department/Agency Coordinator* – Enter the name and contact information of the coordinator for POST (please key online or print legibly).Box ~~14~~12 *Department Head/Authorized Designee Signature* – The department head or designee **must sign and date** the application to recommend awarding the certificate(s), and the signature name must be clearly printed.

NOTE: If a designee is authorized to sign the application(s), a POST Certificate of Authorization form (POST 2-270) must be on file with POST.

NEED help?

Please go to www.post.ca.gov and click on **Forms** or **Training**, or contact POST at 916 227-4253.

For additional POST certificate applications, please submit the required form:

- ☐ **Form 2-116 – Records Supervisor**
- ☐ **Form 2-117 – Peace Office/Other**
- ☐ **Form 2-289 – Public Safety Dispatcher**